beneficiaries are not unfairly denied access to care by these burdensome and unneeded requirements. I had hoped that I would be able to offer my bill as an amendment to the pending legislation. However, the majority has taken action that will prevent this from occurring on S. 1955.

We also need to improve and simplify the Medicare prescription drug benefit so that all seniors are able to obtain all of the medications that they need. We must correct the mistakes of the Medicare Prescription Drug, Improvement, and Modernization Act and fulfill the promise to seniors that the Federal Government will help beneficiaries get the drugs they need. We also need to extend the deadline so that seniors are not unfairly penalized if they need more time to figure out which plan is right for them.

Another important Medicare issue are provider reimbursements. Rising costs, difficulty in recruiting and retaining staff members, and declining reimbursement rates make it necessary to make improvements in Medicare reimbursements to ensure that Medicare beneficiaries have access to health care services. We must increase Medicare reimbursements for service providers so that they can continue to afford to treat Medicare beneficiaries.

Another issue that should be addressed during Health Care Week is stem cell legislation. I am a proud cosponsor of S. 471, introduced by Senators SPECTER and HARKIN, which would authorize Federal funding for research on stem cells derived from embryos donated from in vitro fertilization. Unless this legislation is enacted, these embryos will likely be destroyed if they are not donated for research. This bill also would institute strong ethical guidelines for this research. The House companion measure is pending consideration in the Senate. We must pass this bill so that researchers may move forward on ethical, federally funded research projects that develop better treatments for those suffering from diseases such as diabetes and Parkinson's.

Mr. President, I am afraid that this will be a Health Week only in terms of rhetoric because we are not able to offer amendments to address the pressing health needs of this country. Instead of working together to find common solutions to better meet the health care needs of our country, the majority party has simply offered up legislation that is flawed and refuses to work with us in a meaningful way on this issue.

HEALTH INSURANCE MARKETPLACE MODERNIZATION AND AFFORDABILITY ACT OF 2006—Resumed

The PRESIDING OFFICER. The Senate will proceed to the consideration of S. 1955 which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1955) to amend title I of the Employee Retirement Security Act of 1974 and the Public Health Service Act to expand health care access and reduce costs through the creation of small business health plans and of the health insurance marketplace.

Pending:

Frist amendment No. 3886 (to S. 1955 (committee substitute) as modified), to establish the enactment date.

Frist amendment No. 3887 (to amendment No. 3886), to change the enactment date.

Motion to recommit the bill to the Committee on Health, Education, Labor and Pensions, with instructions to report back forthwith, with Frist amendment No. 3888, in the nature of a substitute.

Frist amendment No. 3889 (to the instructions of the motion to recommit), to change the enactment date.

Frist amendment No. 3890 (to amendment No. 3889), to provide for the enactment date.

The PRESIDING OFFICER. Under the previous order, there will be 60 minutes of debate equally divided between the Senator from Wyoming, Mr. ENZI, and the Senator from Massachusetts, Mr. KENNEDY, or his designee.

Who yields time?

Mr. FRIST. Mr. President, we have a lot going on on the floor, and we are going to have one more vote today, and it will be up to an hour from now. But what we would like to clarify is who needs to speak from our side. Chairman ENZI is right here. Do we have anybody on our side? I know Chairman ENZI will be speaking. Is there anybody else from our side?

I ask the Democratic leader through the Chair who will be speaking on their side.

Mr. REID. Mr. President, the only request for time I have at the present time is for the Senator from Arkansas, Senator LINCOLN, for 7 minutes. Is there anyone who wishes to speak? Senator KENNEDY wants 10 minutes. Senator DURBIN may request time, I think 7 minutes for Senator DURBIN. No for Senator DURBIN. So 7 and 10, 17 minutes over here.

Mr. FRIST. Mr. President, I ask our chairman approximately how much time we would need. What we want to do is try to get the time down as far as we can. We have a number of people who have plans that they need to make, and we would like to vote as quickly as we can, but we want adequate time to speak.

Mr. President, through the Chair, I ask the Democratic leader, would it be agreeable that we have a unanimous consent request propounded that we vote at 10 minutes after 6, the time equally divided between now and then?

Mr. REID. Does that give us our 17 minutes? I ask to amend the request to 17 minutes on each side.

Mr. FRIST. So to restate, I ask unanimous consent for 17 minutes on either side, so the vote will be at approximately 14 minutes after 6 o'clock.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Arkansas is recognized.

Mrs. LINCOLN. Mr. President, I was so excited when we came to work this week with the opportunity to focus our Nation and the debate of this body toward health, the health of our Nation, the health of our people, and the health of our businesses, the fabric of this country, the fabric of our Nation. It is such an important thing for so many of us—certainly, each of us in our own families. I have small children and aging parents.

All of us have responsibilities in our own lives and responsibilities to our constituencies. We have different constituencies such as the elderly who live in our communities and the small businesses that are striving hard to keep our economy going; children, and those with chronic diseases and illnesses who desperately need to make sure that the coverage they have is sufficient for what they may have or may not have, but want to make sure that they are protected against in case, unfortunately, something might happen.

So as we came to the Senate this week to talk about health and how we could make health a very real part of the discussion in this Nation, a real part of what it meant to our economy and to our people and the quality of life, the real value of who we are as Americans, I was excited. Yet I saw so much of it cut short. The discussion that started on Monday ended with a line in the sand that said: My way or the highway, not let's work a deal and let's figure out what will make health care real in this Nation and sustainable and that will make sense in our communities. Then we moved to talking about how we deal with small businesses. To me, the most important thing we can do for our small businesses is to make available to them affordable, accessible health care but quality health care, the same kind of benefits that we ourselves as Members of Congress are blessed enough to be able to experience for our families and for ourselves.

As we proceeded into this debate, way too much of the debate centered around not what we could work hard to do that was right but what people wanted. Then, all of a sudden, we leave abruptly this incredibly important debate.

We leave behind this incredibly important debate to talk about a tax bill for tax cuts that don't even expire until January of 2009, instead of looking at something real and new, such as a new tax cut for small businesses to engage in the health insurance marketplace for their employees and for themselves or looking at how we could extend tax cuts that had expired, such as research and development and for education and tuition and so many more things that have been productive in our economy and in our communities. We go through this debate, and we come back now to finalize debate on the health care of our Nation. And what have we done? We have missed an opportunity to say to our seniors they are important enough that we are going to extend a deadline, a deadline

that means so much for them to be able to take the time and the opportunity to understand this new prescription drug component of Medicare that we have passed.

I voted for it, Mr. President, and I want it desperately to work. I have been out in the field in Arkansas, and I have made sure I met with seniors. We have hosted meetings and tried to educate, but there simply has not been time enough to get to the complexity of what is offered out there. We look back at what efforts have been made. The GAO has reported that one-third of seniors' calls to Medicare operators resulted in flawed or no information. Think about that for a moment. One in three seniors who called CMS for help were given bad or no information. Now those seniors must make difficult, sound decisions about their health care by Monday of next week. I wish we had been given the opportunity to make a difference in that.

I wish we had the ability to make the difference for small businesses, offering them again the same opportunity we have, to enjoy quality health insurance at a low cost, with many choices for the variety of Federal employees who work in this great Nation. We can do the same. We could allow employers and small businesses and self-employed individuals—think about that, a one-man shop—to reap the benefits of group purchasing power and streamlined administrative costs as well as access to more plan choices.

The proposal we had looked to present would create all of that, without any new bureaucracy. How about not reinventing the wheel? For once, we in Government would use something that was time tested for 40 years, has a 1-percent administrative cost, that we could implement for small businesses and bring to them again the same quality of product we enjoy as Members of Congress.

On top of that, we could have incentivized it and brought them a new tax cut, a new tax benefit in order to be able to invest in themselves and in their employees and provide the kind of health care they deserve.

It is hard for me to believe that we have missed all of those opportunities: to be progressive, to be thoughtful, to invest in our country, to make sure we are taking care of the fabric of this Nation and who we are.

About 53 million Americans work for businesses with less than 100 employees. That pool is bigger than the Medicare population, which is about 42 million. Think of what we could do in offering those small businesses that type of a pool, to be able to bring down their costs, increase their choices, and maintain the quality they have demanded, the types of services they may need now or that they may need in the future, whether it is diabetes or cancer screening, making sure that immunization and child well care are all in there. We had an opportunity to do this and many things and we have missed that opportunity.

Working families and small businesses need help. Our seniors need help. Our community providers need help.

Mr. President, I ask for an additional minute.

Mr. KENNEDY. Mr. President, how much time do I have?

The PRESIDING OFFICER. The Senator has 10 minutes.

Mrs. LINCOLN. Thank you, Mr. President. I encourage my colleagues to look at the missed opportunities and pull together to make a difference for the people of this country.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. NELSON of Nebraska. Mr. President, as many of you are aware, I am a former insurance commissioner from Nebraska. For several years, I served as the head of the National Association of Insurance Commissioners and spent most of my adult working life, except for Government service here and in the State house, in the insurance business. I do not propose that I can propound I am an expert, but I do think I have some experience in this field.

I know you have heard from small businesses in your States. The average cost of health care premiums has doubled in 5 years for small businesses. Everywhere I have gone around the State of Nebraska, every small business owner I have spoken to has told me the same story: We either can't afford or we can't find health care coverage for our workers. We are very concerned about that. What can you do to find a solution?

They pushed me toward the House version of the associated health plans. I couldn't support that unregulated form of self-insurance for the promoting of insurance on an association basis. I couldn't support it. There was no guaranteed fund protection, no requirement for the filing of forms—nothing. I could not support it.

I also knew the status quo where there are now more mandated coverages in several States than people can afford, so the status quo continues to add to the problem, creating more and more uninsureds. We now have gone to the total of 40 to 45 million uninsured, and the number continues to grow.

I am pleased that the Senate is finally debating the problem. We all recognize it is here and it needs to be solved. I agree with my colleague from Arkansas that we need to spend time on this. We just disagree on how to get there.

More time is important, but I can tell you right now that the chairman of the committee, Senator ENZI, has spent more time listening and listening and acting on suggestions than I have ever seen happen in this body. We could probably spend more time, but I think that is what it is about, that is what a cloture vote is about, spending more time rather than cutting it off at this point in the discussion. I believe we were starting to make progress in finding the solution when Senator ENZI and I and our staffs began to talk with one another about how we might solve the problem of having an uninsured plan with an insured plan with regulatory oversight, but cutting out the unnecessary cost to reduce overhead expense, therefore reducing the cost of the premiums, making it more available and more affordable to the employees and to the owners.

I didn't want to create an adverse playing field between association health care plans and the small group market. The traditional AHP bill gave a rating and mandate advantage to association plans that resulted in adverse selection and an unlevel playing field. The proposed SBHP legislation has eliminated this unfair playing field by including rules to prevent these problematic practices and at the same time requiring all insuring entities to abide by the same regulations.

Therefore, there is more than a modicum of State regulation associated with this plan—on a financial solvency basis, on a rating basis, and fairness as to the practices that could be provided.

Unlike AHPs, SBHPs must be fully insured and marketed by State-licensed insurance companies. The insuring entities must meet the capital and solvency requirements within each State they operate, comply with the consumer protection laws in each State, pay the applicable premium taxes, and be part of any assessments associated with high risk pools and/or guarantee funds. As a former State insurance commissioner, keeping State regulation involved in this process was important to me because I know the value of State insurance regulation.

Competition will return to the small group market when we move forward with this legislation. The market will expand. There will be more opportunities today than ever before when this passes. The rates will be in competition as well. Everybody will benefit.

There are those who have suggested that this is not in the best interests of some special interest groups. Senator ENZI and I and our staffs have met with these individuals and in some cases we have made the changes that would take away the concerns they have, but they still oppose the bill.

It seems to me what we need to do is refine this legislation after a cloture vote and listen to the proposals that will be brought up. If there are better ideas out there, I know this body will find them. But to close it off at this point in time is to say no to small business. It is to say we don't care enough to move forward, to consider other proposals, but we simply are going to close debate.

I hardly ever vote to avoid moving forward and I am not going to vote against it now. I am going to vote to go to cloture so we can get a chance, if we get 60 votes. I would hate to see us be four or five or six votes short of that process because I think there is too much at stake for our small businesses, too much at stake for us not to be able

to find solutions. I am afraid if we don't move forward and debate it fully and see what we can do on the floor of the Senate, it will carry over into another year.

I have been here long enough to know when somebody says we will do it next year, you can't always count on next year coming. I think it is important we move this forward.

I yield the floor.

Ms. COLLINS. Mr. President, the Senate has spent much of this week debating S. 1955, the Health Insurance Marketplace Modernization and Affordability Act of 2006. I commend my good friend and colleague from Wyoming for all of his hard work on this legislation, which is intended to make health insurance more affordable for small businesses by allowing them to join together to purchase association-based small business health plans. Despite my support for the goal of this bill, I think its approach is fundamentally flawed. Let me explain my concerns.

One of my top priorities in the Senate has been to expand access to affordable health care for all Americans. There are still far too many Americans without health insurance or with woefully inadequate coverage. As many as 46 million Americans are uninsured, and millions more are underinsured.

Since most Americans get their health insurance through the workplace, it is a common assumption that people without health insurance are unemployed. The fact is, however, that as many as 83 percent of Americans who do not have health insurance are in a family with a worker.

Uninsured working Americans are most often employees of small businesses. In fact, some 63 percent of uninsured workers either work for a small firm or are self-employed. Taking a look at the problems faced by small businesses is, therefore, a good place to start as we attempt to reduce the numbers of uninsured.

Small businesses want to provide quality health insurance for their employees, but the cost is often just too high. So I am totally in agreement with the underlying goal of this legislation, which is to make health insurance more affordable for small businesses and their employees. To that end, I have introduced bipartisan legislation to help employers cope with rising costs by creating new tax credits for small businesses to make health insurance more affordable and by providing grants to States to assist with the development and operation of small employer purchasing cooperatives to increase the clout of small businesses in their negotiations with insurers.

I do, however, have a number of very real concerns about S. 1955, as it was reported out of the Senate HELP Committee.

First, the legislation preempts the States' traditional authority to regulate insurance and allows not just small business health plans but all health insurers to exclude important benefits like cancer screenings, mental health coverage, and diabetes care that currently are guaranteed under many State laws.

States have had the primary responsibility for the regulation of health insurance since the 1940s, and based on my experience in overseeing the Maine Bureau of Insurance for five years, I believe that States have generally done a good job of responding to the needs and concerns of their citizens.

As the founder and cochair of the Senate Diabetes Caucus, I also am all too aware of the tremendous emotional and economic toll that this devastating disease takes on an estimated 21 million Americans and their families. I am particularly concerned that the bill would preempt as many as 46 State laws guaranteeing coverage for the medications, equipment, services, and supplies that people with diabetes need to manage their disease and prevent costly and potentially deadly complications.

This simply is penny wise and pound foolish. Diabetes currently costs our Nation more than $132 billion annually. Eighty percent of those costs are due to the complications associated with diabetes—complications that, absent a cure, can only be prevented through prevention and proper management of the disease. If cloture is invoked, I will be offering an amendment with Senators BINGAMAN and DOMENICI to preserve State laws requiring coverage for comprehensive diabetes care. Both the American Diabetes Association and the Juvenile Diabetes Research Foundation have endorsed our amendment.

I am also concerned that the bill would preempt State rating rules and establish a new national standard. Proponents of the legislation contend that the application of this new national standard may not cause much disruption in many states. In Maine, however, which uses modified community rating, it could alter the market substantially.

In fact, the nonpartisan Congressional Budget Office, CBO, estimates that one-quarter of all small businesses will actually pay higher premiums if this bill is passed. It is therefore likely that many small employers in Maine—particularly those with an older workforce—will wind up paying more, and in some cases substantially more, under this bill.

This bill is no panacea, even for those small employers who will see savings. The CBO estimates that health care premiums will only average about 2 to 3 percent lower if S. 1955 is passed. Many small business owners have been told that the bill will cut their costs by from 12 to 20 percent. Even those employers who do see savings are likely to be disappointed that they are not as great as they had been led to believe.

Finally, I am concerned that the bill, as reported by the committee, could allow health plans to exclude a class of health care providers, solely on the basis of their license or certification, restricting patients' access to qualified health professionals. This is a particularly important issue in rural areas like Maine, where there may not be a sufficient supply of physicians to provide the care that the health plan has promised to cover.

For example, virtually all health plans cover medically necessary primary care services. Many rural Americans use a physician assistant or nurse practitioner as their primary care provider because there simply isn't an adequate supply of physicians where they live. In these areas, if a plan only covers primary care services offered by a physician, patients will either have to drive great distances to receive the care they need or pay out of pocket for services that are supposed to be covered benefits.

If cloture is invoked, I will be offering an amendment to maintain the application of all existing State laws prohibiting health insurers from discriminating against health providers who are acting within their scope of practice under State law, solely on the basis of their license or certification.

Mr. President, I do plan to vote for cloture. Congress should be taking action to make health insurance more affordable for small businesses, and I believe that this debate should go forward.

I do not, however, believe that we need to preempt the good work that States have done in the area of patient's rights and protections in order to help our small businesses. I would, therefore, oppose the current bill on final passage unless it is substantially changed.

Mr. DOMENICI. Mr. President, I rise today to support affordable, adequate and accessible health insurance. We have a bill before the Senate, S. 1955, the Health Insurance Marketplace Modernization Affordability Act of 2006. Chairman ENZI has worked very hard on this bill for many months now and I believe that it will help small business people who are struggling to afford health insurance for themselves, their employees, and their families. I hope that the Senate will pass this bill because the time for Congress to take action on this issue is long overdue.

Most people in the U.S. who have health insurance obtain it through their employer or through a family member's employer as a workplace benefit. Small employers however are far less likely than larger employers to provide health insurance to their workers. In my home state of New Mexico, I am embarrassed to say that almost 25 percent of the citizens do not have health care. This is the second highest rate of uninsured in the country. Furthermore, there are approximately 143,909 small businesses in New Mexico, and of these small businesses, only about 37 percent of firms with fewer than 50 employees offer health insurance. For much smaller firms with five or less employees, the numbers are

even more staggering; fewer than 50 percent of firms offer health insurance. This is unacceptable. Working people deserve better.

The current realities of the insurance market make it much more difficult for a small business people to secure quality, affordable insurance. I believe that by allowing small businesses to band together, as this bill does, that economy of scale will be created and small businesses will be able to leverage their larger purchasing power to lower their health care costs. This would hopefully enable more employers to afford such coverage and ideally reduce the number of small firm workers without health insurance. It is a real first step to providing more access in a market where small business is currently struggling.

Over the past few weeks, I have heard from many advocacy groups who are concerned with the way in which this bill addresses State benefit mandates. I understand these concerns and agree that widely accepted critical protections for patients must be preserved in any legislation the Senate ultimately adopts. That is why I have joined together with Senators SNOWE, BYRD, and TALENT to offer an amendment that would require small business health plans to comply with the benefits adopted by a majority of States. This amendment says if 26 States mandate it, than a small business health plan must comply with it. This amendment is a good and workable compromise that alleviates one of my primary concerns with the small business health plan bill. This compromise will help ensure that millions of Americans will continue to receive health care coverage for most areas, including mammograms, diabetes care and mental illnesses. It is vitally important that we pass a bill that will bring health insurance to employees of small businesses who currently are not covered without consequently diminishing coverage already offered in other areas. This amendment should make it easier for us to do so.

It is time for the Senate to take action on this issue. The House of Representatives has passed this type of legislation multiple times. The American people are tired of excuses and they are tired of the status quo. They want to see change for the better. I again thank my colleague, Senator ENZI, the chairman of the HELP Committee for his hard work on this important issue. I have long said that something needs to be done to address the problem of the uninsured, and I have also said that I support the idea of legislation aimed at helping small business. I sincerely hope that the Senate will pass a bill that will allow small businesses to afford insurance for their employees.

Mr. LEVIN. Mr. President, I take a brief moment to explain why I will be voting against cloture on S. 1955. The availability and affordability of health care is one of the most important issues that we can debate this year in Congress. As was highlighted during the recent ''Cover the Uninsured Week,'' the United States spends more on health care than any other nation, yet we still have almost 46 million uninsured Americans. This means that over 18 percent of Americans are uninsured and that there are 9 million children in our country without health insurance.

The Senate's response to this health care crisis, however, has been sorely lacking. The majority leader called this week health week and scheduled debate on three bills that would do little or nothing to assist the Nation's uninsured. The first two bills were medical liability bills that did not even achieve a majority of votes in the Senate. I have stated many times that I believe any meaningful tort reform should be enacted on the state level and voted accordingly. The third bill is S. 1955, and I would like to take this opportunity to explain my reservations about the bill.

The concept of S. 1955 is to allow small business or trade associations to pool together in an effort to purchase health insurance at affordable costs. These new health plans would cross state lines and therefore be eligible to bypass the state coverage and solvency mandates that apply to health plans offered by larger employers.

S. 1955 is a well intentioned bill. Senators ENZI and NELSON and their staffs have spent many hours meeting with all sides involved in this important debate. This effort to bring everyone to the table resulted in a bill that improved upon previous small business health plan bills referred to as ''association health plans.'' However, S. 1955 still falls short.

I have several concerns about S. 1955. First, I am concerned that this bill could reduce access to critical benefits. S. 1955 replaces state benefit requirements with a new standard that would allow insurers and small business health plans to offer ''basic'' benefit plans, which would not have to include state-required benefits as long as they also make available an ''enhanced'' benefit plan, which would be equivalent to one of the benefit plans offered to state employees in one of the five most populous states. However, this new standard is meaningless since those coverage options are likely to include a high deductible/low coverage plan that would afford little protection to consumers who need health care, whether due to illness or age.

Currently, insurance rating rules and the regulation and approval of insurance plans are by done by state insurance commissioners. Most state insurance commissioners are elected officials charged with making sure a state's market is based on rates that are fair and equitable to all based on state law. In my home State of Michigan, we have few benefit mandates, but those mandates are important to the populations that are protected. Some of the benefits that would no longer be required to be covered for Michigan citizens include hospice care, newborn coverage, access to obstetrician/gynecologist, access to pediatrician and diabetic drugs and prevention of diabetes programs. By some estimates, this could affect over 2.7 million people in Michigan. This pattern could be repeated in states across the country. My concern about this is shared by many Governors, State Attorney Generals and State Insurance Commissioners, who have written the Senate to express their reservations about this bill.

A second concern I have about S. 1955 regards rate setting rules. This legislation would create a new system allowing for insurers to vary premiums based upon, among other factors, health status and age. S. 1955 would wipe out state-based protections against discrimination. This would affect older Americans and others such as groups with large numbers of women, small businesses with fewer workers, and higher risk industries.

Finally, I am concerned that S. 1995 would increase the potential for fraud and abuse. This concern is the basis for the recent letter to the Senate from 41 State Attorney Generals expressing opposition to this bill. S. 1955 will potentially erode state oversight of health insurance plans and eliminate consumer protections in the areas of mandated benefits and internal grievance procedures. The bill provides no additional authority or resources to enforce the new Federal standards created within it. This is eerily reminiscent to me of an experience our country had in the 1970's with Multiple Employer Welfare Arrangements or MEWAs. MEWAs were then exempted from state regulatory insurance requirements, and the result was that almost 400,000 Americans were left with more than $123 million in unpaid health insurance claims.

Yesterday, the majority leader used a procedural tactic to prevent Democrats from offering meaningful amendments to this bill which could have improved it. One such amendment would have been the Democrat substitute to use the Federal Employee Health Benefit Plan as a model pool to allow for lower health care costs for small businesses. I would have liked to have had the opportunity to also debate other health care issues as well such as extending the Medicare Part D enrollment deadline, lifting the Federal restrictions on stem cell research and other efforts regarding the nation's 46 million uninsured.

Health care costs are rising too quickly, and I am sympathetic to the plight of small businesses. As a senior member of the Senate Small Business and Entrepreneurship Committee, I often hear from small business constituents of mine about annual double digit health premium increases. However, rising health care costs are not unique to small businesses—it is an untenable situation shared by most

Americans—and this bill takes the wrong approach to solving this problem. For all of these reasons, there is strong opposition to this bill from many state leaders, and from a coalition of more than 200 organizations, including the AARP, the National Partnership for Families and Women and Families USA.

At a minimum, we needed the chance to improve this bill. I cannot support cloture to end debate and restrict amendments on this legislation.

Mr. REED. Mr. President, I would like to comment on the legislation the majority has brought forward during what it has dubbed Health Week and on health care more broadly.

While I do not support this legislation as drafted, I commend Senator ENZI for attempting to address the important issue of health insurance for small businesses.

As of 2004, over 45 million Americans were uninsured. Unfortunately, these numbers continue to rise with each passing year as more and more employers cease offering coverage to their employees. In Rhode Island, the percentage of companies offering health insurance coverage declined from 80 percent in 1999 to 68 percent in 2005. In my State, a small business is more likely to drop coverage because of the prohibitive cost.

While some employers have stopped offering coverage altogether, others have struggled to keep up with escalating costs. Since 2000, premiums for family coverage have increased by 73 percent compared to an inflation growth of 14 percent and a wage growth of 15 percent over the same period.

Health insurance affordability not only affects employee satisfaction, it also has a direct impact on a company's competitiveness.

We need to address these issues, but S. 1955 is not the answer. It decreases cost by changing rating structures, allowing cherry-picking of healthy individuals, and offering plans with very few benefits.

S. 1955 would amend the Employee Retirement Income Security Act of 1974 (ERISA) to allow for the creation of small business health plans, SBHPs, sponsored by business or trade associations that would, like self-insured plans, be exempt from State laws. As was the case with legislation proposing the creation of association health plans, AHPs, a considerable number of health care experts have expressed concerns that this legislation would exempt SBHPs from important State regulations that protect consumers, guarantee access to coverage and treatment, and ensure financial solvency. Millions of Americans could lose coverage for such important care as screening for breast, cervical, colorectal, and prostate cancer; well-child care and immunizations; emergency services; mental health; and diabetes supplies and education.

I have serious concerns that this legislation could weaken the already fragile insurance market we currently have in the United States. States have worked diligently to craft insurance regulations that reflect their individual needs. They have developed rating systems and mandated benefits to best protect their citizens.

This bill will affect not only health insurance for small businesses but also health insurance for all markets. In a letter to the chairman and ranking member of the Health, Education, Labor, and Pensions HELP Committee, the Rhode Island health insurance commissioner expressed his strong concerns about how S. 1955 would affect the State's health insurance regulatory system, its ability to hold health plans accountable, and develop solutions particular to our Sate. I will ask that the text of this letter be printed in the RECORD.

I have serious concerns about the health insurance that would be offered under this legislation. If insurance does not offer adequate coverage, it is insurance in name only. It is of little use if you can't afford it or access it when you need it.

A recent program on PBS' NOW focused on what it termed ''junk insurance plans'' and profiled two particular cases where the insurance was really no insurance at all, leaving couples who had faithfully paid premiums with astronomical medical bills. In one case, the insurance plan sold was marketed through an association for the self-employed.

It is important to try to address the problem of the uninsured, but we need to be sure that it is being done in a sensible and thoughtful manner.

While Senator ENZI has taken a great deal of time to meet with a variety of stakeholders in drafting this legislation, there have been no hearings on the bill, even though my colleagues and I on the HELP Committee requested such hearings. Moreover, 41 attorneys general have signed a letter in opposition to S. 1955; 19 State insurance commissioners and State departments responsible for insurance regulation have written letters opposing this legislation.

There are better options. The Lincoln-Durbin proposal would be more effective in curbing health care costs and expanding coverage, as well as help small businesses and their employees. It would create the Small Employers Health Benefits Program SEHBP and provide tax breaks for employers that offer financial assistance for insurance premiums to low-income employees. SEHBP is based on the Federal Employee Health Benefits Program and would extend the purchasing power of the Federal Government to small businesses that choose to participate. In addition, SEHBP enrollees in local plans would enjoy an array of coverage options, while at the same time benefiting from State consumer protections.

I filed three straightforward, commonsense amendments to guarantee more comprehensive coverage, to preserve State authority, and to make sure SBHPs actually reduce costs. I first proposed these amendments during the HELP Committee consideration of this bill. The first amendment would create a commission to establish a Federal floor of benefit mandates in accordance with the laws adopted in a plurality of the States, which would preserve some of the critical benefits currently mandated by Rhode Island and other States. The second amendment would limit the preemption of State laws by clarifying that unless specifically provided for, nothing in S. 1955 would override any State or local law related to health insurance. The third amendment requires the Government Accountability Office GAO to evaluate the program 24 months after its implementation, and if there is no evidence of a decrease in cost or increase in access to health care, the program would be terminated.

I am disappointed that the majority is not allowing us to engage in a full and fair debate on these and other amendments in the absence of a broad agreement on the bill.

Earlier this year, we saw the implementation of another program that was not well thought out and was fraught with problems as a result. Many of the problems with the Medicare Part D prescription drug benefit could have been averted. This crisis was anticipated for some time by independent researchers and advocates for Medicare beneficiaries, yet the Republican-controlled Congress repeatedly blocked remedies and continues to do so. Working to improve the Medicare drug plan is not even on the agenda for Health Week.

I did not support the Medicare Modernization Act because I felt the benefit was insufficient and the emphasis on a privately administered program made it excessively complex for beneficiaries. This plan imposes penalties for those enrolled to change plans but allows the plans to change the prescriptions they cover at will. Millions of retirees faced with choosing among a large number of private drug plans struggled with different rules, lists of covered drugs, and premiums. Many who are eligible to sign up have avoided doing so all together.

The problems have been so widespread that more than 20 States, including Rhode Island, had to step in to pay drug claims that should have been paid by the Federal Medicare Program. At least two dozen States have taken emergency action to help low-income individuals who could not get their medications under the program, and States spent many millions of dollars on this assistance.

Since its launch on January 1, doctors and pharmacists have complained that many drugs theoretically covered by the new Medicare drug benefit are not readily available due to the insurers' restrictions and requirements. Many pharmacists can't keep track of

the plans' myriad policies and procedures and doctors say the diverse requirements are onerous and can delay or deny access to needed medications.

The May 15 deadline for enrollment in Part D is looming. We should be taking action to extend the deadline and improve Part D during this sole week the majority has dedicated to so-called health care reform. Let's put America's Medicare beneficiaries first.

Another issue that is imperative for us to address is stem cell research. Last May, the House passed the Stem Cell Research Enhancement Act, H.R. 810, by a wide margin. We heard Senator FRIST last summer announce that he agrees with lifting the stem cell ban, but we have not seen any movement on this issue.

President Bush's policy limits Federal funding of embryonic stem cell research in practice to 22 stem cell lines that have been in existence since 2001, and these lines are unsuitable for research. In recent years, we have seen amazing medical breakthroughs thanks to a dedication to research. HIV disease, which was a virtual death sentence just over a decade ago, has become for many a chronic disease. The 5-year survival rate for childhood acute lymphoblastic leukemia is approximately 85 percent, a dramatic increase because of new lifesaving treatments.

I hope to be able to stand on this Senate floor a few years from now asking for support for new research and highlighting the advancements that have been made in the treatment of spinal cord victims, children with diabetes, and those with Parkinson's because of embryonic stem cell research. The Senate should be marking the 1-year anniversary of the House passage of H.R. 810 by having a vote on the bill. We have an obligation not only to those stricken with these devastating conditions but to the family and friends who care for them. H.R. 810 opens the door to medical research that could unlock the mystery behind many of these devastating diseases while ensuring strong ethical and scientific oversight.

I share Senator ENZI's desire to stem the rising costs of health insurance, which pose a challenge to many, including our Nation's small businesses and self-employed individuals. While Congress should certainly do more to address this matter and expand coverage to those who currently lack it, S. 1955 would have little impact on these crucial needs.

There are other equally critical health issues facing millions of Americans. In addition to Medicare and stem cell research, we should be considering legislation to expand health insurance coverage to every child in this country, legislation to strengthen our public health system, and legislation to ensure an adequate number of nurses and other health professionals to care for our aging Nation. While the majority is stunting this week's debate, it is my hope that the Senate will actually take the time and find a way to work together to have a serious debate on important health care issues this year.

I ask unanimous consent that the before-mentioned letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

March 13, 2006.

Hon. MICHAEL B. ENZI,
Chair, Committee on Health, Education, Labor, and Pensions, U.S. Senate, Washington, DC.

Hon. EDWARD KENNEDY,
U.S. Senate, Washington, DC.

DEAR CHAIRMAN ENZI AND SENATOR KENNEDY: I am writing to express my strong concerns Senate Bill 1955, and to ask that it not be passed.

Context: Rhode Island has a strong history of active health insurance regulation. In 1996, the state passed broad managed care regulations regarding utilization review, member rights and appeals and health plan oversight. These provided protections which were later duplicated in other states. In 2000, the state overhauled its small group rating laws to bring more equity between large group and small group rates. In 2004, the legislature created a first-in-the-nation cabinet-level health insurance commissioner role, to (in part) ''direct health plans towards policies that promote the public good through increased access, and improved efficiency and quality''.

The results speak for themselves, Rhode Island has one of the lowest rates of uninsurance in the country, lower medical costs than its neighbors, high health plan satisfaction measures, excellent scores in HEDIS and public health performance measures, and nationally recognized innovations in health care quality measurement and health care information technology innovation. Studies by my office indicate that rating forms have closed the health insurance price gap between large and small employers.

Effect: In spite of recent amendments, the proposed bill would put all this in jeopardy by eliminating the ability of states to bring together stakeholders to develop local solutions to the problems of affordable health insurances for small businesses.

Specifically: Imposing national underwriting rules and coverage standards for small businesses creates 1 local instability in pricing and hinders innovation. States should be allowed to develop programs for affordable health insurance products and pricing, and then learn from one another. Just this year, small business health insurance reform bills have been introduced by both Democrats and Republicans in the RI legislature that call for crafting new affordable health plans, subsidizing their purchase through reinsurance mechanisms and promoting price transparency. These innovative programs would not be possible under this bill.

The bill weakens health plan accountability. Health care is delivered locally. It is intrinsically tied to public health and important community institutions. Health insurers need to be held accountable by local entities for their actions in states—for the incentives created by their payment mechanisms, for their support of local community health activities and state-wide health policy. Bill 1955, in spite of recent clarifications regarding the role of insurance commissioners, would make it harder for national health plans to be answerable to their local stake holders. It would usurp public authority and place it with large national insurers, who would be accountable to no one.

The bill does not address the real problem. The fundamental health policy challenge facing the U.S. is the effect of rising medical costs on the number of uninsured. As both of you have noted, we need to move beyond underwriting and cost shifting solutions to addressing the underlying utilization drivers. This is best accomplished through local experimentation and accountable insurers—both of which are weakened by this measure. Mass group purchasing—which this attempts to create—will not result in informed purchasers driving system change, but a one-size-fits-all approach which cedes power to national insurers.

As witnessed by the efforts of the sponsors with the National Association of Insurance Commissioners, much good work has gone into amending this bill. Unfortunately, major concerns remain. The bill in its current form fails to address the critical issues states and communities face in developing an affordable, sustainable health care system that works for employees in small businesses. To accomplish this, we need accountable health plans, not association health plans.

Sincerely,

CHRISTOPHER F. KOLLER,
Health Insurance Commissioner, State of Rhode Island.

Mrs. FEINSTEIN. Mr. President, I rise today to speak about my concern for the 6.6 million uninsured individuals in California and the impact the Enzi Small Business Health Insurance bill, S. 1955, will have on both the uninsured and the insured in my State.

While the goal of this legislation is one I agree with—finding a solution to lower health insurance costs and greater access to health insurance for small business owners and their employees—I have serious concerns about the fundamental shift toward insurance deregulation and bare bones insurance coverage under the Enzi bill.

It is my understanding that some changes have been made in the substitute amendment to the Enzi bill but that those changes do very little to change the fact that this bill will result in a loss of covered benefits and an increase in costs for older, sicker workers.

While I respect the position of small businesses that support this legislation, I simply cannot support a proposal that I believe would result in higher costs for older, sicker workers and would result in a loss of covered benefits my State fought hard to guarantee.

My concerns are shared by a wide range of people.

It was also the conclusion of the nonpartisan Congressional Budget Office, 41 State attorneys general including the attorney general of California, 13 Governors, the California State insurance commissioner, the California Public Employees' Retirement System and countless national organizations such as the AARP, the American Medical Association, the American Cancer Society, and many more.

California has one of the most comprehensive set of required insurance benefits in the country. A partial list includes: Coverage of routine patient care costs of cancer clinical trials; coverage of breast, prostate, cervical,

colorectal and other cancer screening; coverage of breast cancer screening, diagnosis and treatment, including prosthetic devices and reconstructive surgery; the right to a second opinion when requested by insured individual or health professional treating an insured individual; minimum maternity hospital stay; coverage of equipment, supplies, including prescriptions, and management of diabetes; coverage of alcoholism and drug abuse treatment; coverage of blood lead screening; coverage of contraceptives approved by the FDA; coverage of services related to diagnosis, treatment and appropriate management of osteoporosis; coverage of domestic partners and coverage of infertility treatment.

The legislation before us sets a ceiling, not a floor for insurance coverage of vital services. Amendments that have been discussed such as creating a 26-State benefit mandate threshold are a ceiling, not a floor.

The reality is that any attempt to ''harmonize'' State benefit mandates will likely result in harm to Californians.

Just like legislation passed by the House last March called the National Uniformity for Food Act which I strongly oppose, this legislation preempts States rights.

California voters and elected officials have determined what they think is best for the State and this legislation override the will of Californians whether they work for a small business or large one.

I am also concerned about the impact this bill will have on premiums for small business employees. California has rules to protect premium adjustments from increasing year to year beyond 10 percent.

And in California, insurance companies may set premium rates for employees based on only three risk factors: age, family composition, and geographic region.

Under this bill, not only will employees be subject to rating based on additional factors such as the size of business, gender and type of business, but California's age and geographic region limitations are preempted.

The new rating factors in the bill disadvantage certain small businesses and they disadvantage businesses with a high proportion of women of childbearing age.

I find it deeply troubling that Senators on both sides of the aisle have been denied the opportunity to vote on amendments to address the problems with this legislation.

I would like to address another healthcare issue that I have been deeply concerned about and that is stem cells.

The Senate has spent a week dedicated to health care and yet, the majority leader has not scheduled a vote on embryonic stem cell legislation.

It has been 8 years—1998—since I introduced one of the first bills dealing with the ethical issues around stem cell research.

It is almost one year—May 24—since the House passed the Castle-DeGette bill.

It has been 9 months—July 29—since the majority leader shocked the Senate and announced his support for stem cell legislation.

But no bill has been passed by the Senate.

What we have learned over that period is that the more than seventy lines the President said were available when he set his policy in August 2001 are down to just over twenty.

Those approximately twenty lines are contaminated with mouse feeder lines and they are old. They are of no therapeutic value.

We need more lines if we are going to untie the hands of researchers so they can do the research needed to learn about the biology of diseases, the restoration and repair of damaged tissue, and the development of treatment therapies.

Time and time again researchers say they need more embryonic stem cell lines.

But, the leadership of the Senate and White House won't listen. They would rather obstruct the work of scientists who want to work with embryonic stem cells. The result is scientists moving to other countries to do their work.

The time to act is now. The price of inaction goes up every day.

Since this fight began, we have lost Christopher Reeve on October 10, 2004, Dana Reeve on March 6, 2006, 4 million Americans to cancer, 1.8 million Americans to diabetes, and 144,000 Americans to Parkinson's.

I have heard opponents of embryonic stem cell research talk about the promise of adult stem cell research. No one I know is arguing that we shouldn't pursue adult stem cell research. That's why the Senate passed the cord blood bill unanimously last year.

But, we must not fund this research to the exclusion of embryonic stem cells.

There is no question that this country needs an effective stem cell policy—both to provide Federal funding for viable stem cell lines and to provide Federal ethical guidelines.

It is simply appalling that here we have a week dedicated to a debate on health care and the leadership of the Senate has not scheduled a vote on the Castle-DeGette, embryonic stem cell bill.

I personally believe this week should be renamed the ''week of missed opportunities'' instead of ''health week''.

Instead of addressing problems associated with the Medicare drug benefit such as the amendment I filed to the pending legislation to protect seniors from insurance plans who may decide to end coverage of drugs they said they'd cover when the senior enrolled in the plan, we are doing nothing.

Instead of allowing the Federal Government to use its bulk purchasing power to negotiate with drug companies to provide lower prices for seniors, we are doing nothing.

Instead of addressing the fact that millions of confused seniors will face a penalty in Medicare forever if they are eligible and don't sign up for the drug program by this Monday, we are doing nothing.

And yet we will have a cloture vote on a bill that will leave millions of Californians without a guaranteed access to cancer screenings and treatment, diabetes coverage, the right to a second medical opinion if they request it, among many others.

All of those protections will be lost, and Senators will have been denied without the opportunity to vote on any amendments to address the problems associated with this legislation.

It is a shame that the leadership of the Senate has allowed this week to become one of missed opportunities when we have bills such as the Castle-DeGette embryonic stem cell bill that have passed the House and are sitting at the President's desk waiting to be taken up and passed by the Senate.

Mr. SALAZAR. Mr. President, access to affordable, quality health care is on the minds of virtually every American. As I travel across my State of Colorado and this nation, people urge me and my colleagues in Congress to solve our health care crisis. I rise today to again add my voice to the millions calling for meaningful, comprehensive health care reform—reform that allows Americans to get the health care that they need; reform that will stop the crippling effect that the rising costs of health care has on our citizens, businesses and economy.

Last year, Senator MCCAIN and I introduced the National Commission on Health Care Act, S. 2007. Its purpose is simple and bold—to fix our broken health care system.

The need to reform our health care system could not be more compelling. An astounding 46 million Americans lack health insurance. They come from every community, every walk of life, and every race and ethnic group. But the most telling part about them is that they come from working families who struggle to put food on their tables and pay their bills. They live in constant fear of getting sick. When they get sick, they often go without medical care and get sicker.

For those fortunate enough to have health insurance, the picture is also grim. Health insurance premiums for family coverage have risen by over 59 percent since 2000, with the average annual premiums for employer-sponsored family coverage costing nearly $11,000. Rising premiums place working families at risk of joining the ranks of the uninsured.

Rising health care coverage has also threatened the ability of American businesses to maintain insurance coverage for their employees and compete on a global level.

Congress must act now to reform our system. We need much more than a

week of gimmicks or piecemeal bills. We need comprehensive reform. S. 2007 reflects that need. The act creates a bipartisan commission of 10 elder states men and women. I want to stress that this is a bipartisan commission. Our health care crisis is not a Democratic or Republican problem. It is a national problem that we must solve together.

The members will conduct a thorough investigation into our health care system, building on the work of others to comprehensively look at availability, affordability, quality and costs relating to our health care system. It will look at the uninsured, the small business insurance market, the increases in premiums and health care costs, and the problems that businesses face in maintaining insurance coverage.

The commission will study our government programs and the private health insurance industry. And, most importantly, the commission will develop comprehensive proposals and recommendations to actually solve problems associated with our Nation's health care system. It is not enough to chip away at the problem by enacting policies related to one aspect of our health care system. We need a comprehensive study and comprehensive solutions.

The National Commission on Health Care will not duplicate the very important work that has already been done by other commissions and think tanks. What it will do is study the proposals from a comprehensive perspective, engage business, labor, health care, consumer, insurance and other groups to develop workable policies that if enacted will solve the crisis we face today.

I look forward to working with my colleagues on both sides of the aisle to pass the Commission Act to reform our broken health care system.

Mr. President, I want to take a few minutes to talk about the Medicare prescription drug program. I want to talk about the need to extend the deadline for seniors and people with disabilities and I want to talk about the rural, independent pharmacies that have suffered because of implementation problems with the drug program.

I was not a member of this esteemed body when the Medicare Modernization Act creating this program was enacted. I therefore have no political stake in defending or criticizing the drug program. I have every interest, however, in making sure that the program is properly implemented and that our seniors and people with disabilities have adequate time and accurate resources with which to make decisions about what plans best meet their health care needs. I strongly support Senator BILL NELSON's legislation extending the deadline for seniors and people with disabilities to enroll in the program. I want to thank Senator BILL NELSON for his commitment to ensure that seniors and people with disabilities have adequate time and accurate information to make wise decisions about their prescription drug insurance.

In less than 1 week, seniors will face the deadline for enrollment in the prescription drug program. For many seniors and their family members, selecting an appropriate prescription plan is a difficult and challenging endeavor. I know firsthand how time-consuming and difficult it is to navigate through the various plans to select the plan that meets the needs of an individual senior.

Several weeks ago, I helped my 82-year-old mother select a prescription drug program. In Colorado, there are over 42 plans to choose from—each covering different drugs or formularies as they are known, each with different monthly premiums; each with different copayments, each with different drug prices, and each with different participating pharmacies. I speak from experience—the process is daunting.

My offices have been helping many Coloradans with questions on Medicare prescription drug program. Often, individuals have called my office in exasperation, trying to find a friendly voice to help them through this process. My staff has assisted these individuals. However, many seniors continue to put off signing up for the program because they are confused and nervous. In Colorado, there are still over 100,000 individuals who are eligible to enroll in the plans who have not. Coloradans consistently tell me that they need more time to make sure they review reliable accurate information to select the right plan. They should have that time.

The complexity of the plans and the importance of the choice that seniors and the disabled must make dictate that we allow them more time to make these important decisions regarding their health. Beyond the complexity of the program, seniors and people with disabilities need more time because of the government's own inability to provide reliable information and available help to navigate the choices they are being asked to make.

Just this month the Government Accountability Office released a report that highlighted the government's own shortcomings with respect to the implementation of the drug benefit. The report highlighted that the Medicare help-lines were not providing accurate information for beneficiaries with questions about enrollment. Posing as seniors and senior advocates, the GAO made calls to the Medicare help-line with questions about how the program works. Astonishingly, the GAO often could not get through to an operator!

When the GAO staff did finally get through to an operator, the information specialists often could not answer their questions about the drug benefit, could not help them with questions about specific plans, and could not provide the detailed information that seniors need to enroll. If the government that administers this program could not provide timely, adequate information to beneficiaries, how can we hold them to an artificial deadline? Our seniors and people with disabilities deserve better. They certainly do not deserve to be penalized.

Individuals who miss the approaching deadline will not have an opportunity to enroll until November. In turn, they will face increased premiums and copays. And these costs increase the longer the individual waits. Seniors should not be punished for the government's inability to provide them with information with which to make a choice regarding their health. We need to help our seniors in this process, by giving them the time and resources needed to make the best decision for them.

I also want to speak in support of Senator LAUTENBERG's Pharmacists Medicare Relief Act of 2006 to modify the Medicare drug benefit to allow pharmacies to get timely payment from prescription drug plans. As we all know, pharmacies operating in rural towns and communities, like my hometown in Colorado, are important components of the community's already fragile health care delivery system. Because rural residents tend to be older and have more chronic conditions, pharmacy services to rural residents are particularly important.

The Medicare drug program has threatened the very survival of some rural pharmacies because of the manner in which the plans pay the pharmacies. These pharmacies must pay their wholesalers on a weekly or biweekly basis. Unfortunately, the prescription drug plans reimburse the pharmacies every 6 weeks. The discrepancy in payment has seriously affected the business of many pharmacies, and particularly pharmacies in rural communities.

Fortunately, there is a simple fix: require the plans to reimburse the pharmacies every 14 days. That is exactly what Senator LAUTENBERG's legislation will do. This legislation would require the plans to pay pharmacists within 14 days if the claims are submitted electronically, and 30 days if the claims are submitted by paper. The legislation also prohibits plans from cobranding Medicare beneficiaries eligibility cards—which means that it bans brands or names of pharmacies from being printed on the prescription drug cards, so that large pharmacies cannot use this advertising advantage at the expense of small operations.

These simple fixes will enable pharmacies in rural areas to continue to serve beneficiaries. Our rural pharmacies and the seniors and disabled people they serve deserve our best efforts to correct problems with the drug benefit plan to enhance health care delivery. I urge my colleagues to support this small but very important fix.

One thing that we can all agree on is that our health care system is in crisis, and that crisis is harming health care providers and patients who need health care services. It is clear that we need

real reform. The time for enacting piecemeal legislation that chips away at the massive health care problems is over. Our healthcare crisis will persist long after this healthcare week in the Senate is over. I pledge to put partisanship aside and work with all of my colleagues toward real health care solutions.

Mr. MENENDEZ. Mr. President, while Republicans proclaim this week as Health Week on the Senate floor, it is quite the contrary in the homes of millions of American families. Today, 46 million Americans have no health insurance at all. And 1.3 million New Jerseyans have no health insurance. Another 16 million or more Americans are underinsured, meaning that they have insurance, but still do not have access to the care they need. Complicating matters even more is the fact that the average cost of family health coverage—$10,880—now exceeds annual earnings for a minimum-wage earner.

So what does the Senate majority propose to do to solve the problem? Nothing more than dust off the old playbook and make another run at the same old play. They propose a medical malpractice bill that has been defeated over and over again, that does not even really reduce costs for providers or patients, and in the process actually reduces remedies for patients. They propose a bill claiming to help small businesses, but it actually hurts patients by removing existing coverage and protections and exacerbates the problem of the underinsured.

So at the end of Health Week in the Senate, all we have to show the American people is more of the same—the same 46 million with no insurance, the same 16 million people with inadequate insurance, and the same families working 40 hours a week to earn a living for their family but still unable to afford quality health care for them.

Instead of leading us down a dead-end road, as Republicans have done this week, we should be on the expressway to real health care solutions—legislation such as the Stem Cell Research Enhancement Act, legislation to extend the enrollment deadline for the new Medicare Part D drug benefit, legislation to provide real solutions to the large and growing number of uninsured Americans, and legislation to address long-term care needs that will only become more pressing as the baby boom generation ages.

The Republican proposals being considered this week never even received a hearing or a vote in their committees of jurisdiction and were destined to fail from the beginning. Is this really all the majority party plans to address regarding the endless needs of our health care system? I believe we can and must do better.

First, Alzheimer's disease does not boast a party affiliation. Neither does cancer or diabetes or Parkinson's disease. Yet, potential cures to these debilitating and fatal diseases are being ensnared in political wrangling, posturing, and obstruction.

Today, almost 35 years after President Nixon declared war on cancer, the Federal Government and Washington Republicans remain AWOL in the fight against this fatal illness and a host of other debilitating diseases. While we have made great strides in researching potential vaccines and cures, our colleagues on the other side of the aisle choose to tie our researchers hands.

The bottom line is this: When your life—or the life of a loved one—is on the line, you never give up and you never limit your options—never. You never lose faith, and you pursue every option, every sliver of hope, of finding a cure.

This issue is about more than statistics, it is about more than numbers on a fact sheet. These are real people. These are families. These are mothers and fathers, sons and daughters, aunts and uncles. These diseases cut through race, age, religion, country, and political affiliation. We all suffer, which is why we must move beyond the usual partisan posturing and fight for expanding research.

I had the opportunity to vote on this stem cell legislation in the House of Representatives, where we had broad, bipartisan support. And I believe that same bipartisan support exists in the Senate, which makes it even more difficult to understand why we cannot come together and do something meaningful for those who are suffering.

We have an opportunity to do what is right, and the majority has again let that opportunity pass them by. This bill means so much more than ending restrictions placed on stem cell research. This bill means hope for the individuals challenged and fighting to live a life with dignity.

Stem cell research has vast potential for curing diseases, alleviating suffering, and saving lives. I know my colleagues recognize the enormous potential of this research too, and it is time to clear the way for discovering new cures and therapies and bring this bill to a vote.

Another thing we cannot ignore is the fast approaching deadline for seniors to enroll in a Medicare prescription drug benefit without being penalized. We need to stand up for our seniors and extend the deadline so that our seniors have time to choose the plan that is right for them.

When the Federal Government rolled out the new benefit, and it did not go as planned, States such as New Jersey stepped up to the plate and provided emergency drug coverage to seniors and people with disabilities in need. Now the Federal Government has a responsibility to recognize its shortcomings and give our seniors a chance to enroll without having to pay the price for the Federal Government's mistakes.

And the concerns go beyond just seniors' drug benefits. There is also a grave concern that seniors and people with disabilities may lose access to their local neighborhood pharmacies. Almost any senior will tell you that they rely on their local pharmacist to help them when they have complications with their drugs—whether it is interactions between drugs or problems getting their medications.

I recently heard from Adolph Gonzalez and Alan Garcia who run the North Bergen Pharmacy, which has been open and serving its customers for the past 21 years. Unfortunately, since prescription drug plans are not paying their claims in a timely fashion, pharmacies such as this one are dipping into their line of credit, taking out loans and scrambling to stay afloat. Unless things change, pharmacies such as the one in North Bergen, NJ, are going to be forced to close their doors.

I introduced legislation to address problems with the Medicare Part D drug benefit and so have many of my colleagues. All of us recognize that unless we start making important changes to improve the program, seniors are going to see lapses in their care. We must be committed to making sure that all Americans have a comprehensive drug benefit that allows them to take the medication prescribed by their doctors, provides them the information and flexibility to pick a plan that works best for them without being penalized, and allows them to continue visiting their local pharmacy.

Unfortunately, the majority party is not going to allow us the opportunity to improve the Medicare Part D prescription drug benefit this week. Our fight for seniors is one we are going to continue, but one that has been overlooked this week in the U.S. Senate.

Second, the unproductive nature of this week is most insulting to the 46 million people across the country who have no health insurance at all—1.3 million in New Jersey alone. No American family should be forced to skip a trip to the doctor because they fear it will also mean an unfortunate trip to the bank.

That is why I strongly support initiatives that will help small businesses afford meaningful health insurance for themselves and their employees; increase coverage for uninsured parents by extending the State Children's Health Insurance Program, SCHIP; and help Americans nearing retirement buy into Medicare—programs that have proven successful in reducing the uninsured and providing access to quality coverage.

In addition, I introduced the Health Care COSTS Act, which will help hard-working Americans afford their health insurance when they are between jobs by providing an ''advanceable'' tax credit for half the cost of COBRA premiums. As I mentioned earlier, the average cost of a family health plan exceeds a full year's earnings for a minimum-wage worker, so there is no way most families can afford to continue to purchase coverage if they lose their job and have to find another.

Instead of debating a bill that will preempt the important New Jersey

State coverage protections—including coverage of cervical cancer screening, contraceptives, home health care, mammography screening, mental health parity, and prostate cancer screening, to name a few—and protection against age discrimination in setting premiums, the Enzi bill takes the high bar of health insurance for New Jersey, and lowers it to a dangerously low level that strips away the coverage our State fought so hard to get.

The choice before us this week—the Enzi bill or nothing—is a false choice. This policy will result in reduced access to important health benefits and substantially increase premiums for people who need coverage most. It will allow insurance companies to cherry-pick the most profitable patients and punish those who need coverage most. It will allow companies to discriminate against older, sicker patients by charging them 3 exhorbitant premiums for the care they get. It will pit young versus old, the healthy versus the sick. These are false choices, and we should not allow the majority to force us into making them.

What we should be doing is considering a bill that preserves State benefits and prevents such cherry-picking. By offering small businesses access to the Federal Employees Health Benefits Program, which has provided extensive benefit choices at affordable prices to me, my colleagues, and all Federal employees for decades, we can do just that.

By pooling small businesses across America into one risk and purchasing pool like the Federal Employees Health Benefits Plan, the new Small Employees Health Benefit Plan will allow employers to reap the benefits of group purchasing power and streamlined administrative costs, as well as access to more plan choices. That is why I support the Lincoln-Durbin alternative. Unfortunately, the Republican leadership has refused to let us have a full debate and up-or-down vote on this proposal.

Finally, the challenge of caring for our aging population will only increase as the baby boom generation grows older and our life expectancy increases. We need to work now to address the challenges of providing affordable long-term care, encourage future retirees to plan for their own long-term care, and strengthen our existing programs to address this growing need.

I have introduced legislation to do just that. This week we should be supporting legislation that helps all families afford to care for the ones they love while also preparing for their own long-term care needs.

While I am disappointed in the partisan nature of this week's debate, it makes my commitment to fighting for the health and well-being of all Americans that much stronger. I call on my colleagues to finally make the health care priorities of the America people the health care priorities of the Senate.

No longer should we avoid a vote on stem cell research, a vote on improving the Medicare Part D prescription drug benefit, a vote for a real solution to solve the issue of the uninsured, and a vote to help our growing senior population age with dignity. At the end of so-called Health Week in the Senate, we will have accomplished nothing for the millions of Amerians who are uninsured or underinsured and struggling every day to provide health care for their families.

Mr. BAUCUS. Mr. President, I rise today in support of the State Health Insurance Assistance Program. I filed amendment No. 2917 to increase resources for this important initiative.

The State Health Insurance Assistance program, known as SHIP, provides one-on-one counseling and assistance to people with Medicare and their families. Congress created the program in 1990 so that Medicare beneficiaries could obtain free, unbiased and personal assistance with their health benefits. Today, SHIPs operate in all 50 States, Washington, DC, and the territories.

Over the last 2 years, SHIPs have had the formidable task of helping Americans understand the new Medicare prescription drug benefit. In all States, SHIPs enlisted the help of thousands of volunteers—over 11,000 nationally—for a massive public outreach campaign.

SHIP counselors and volunteers—like Bobbie Roberts and Sue Bailey in Billings, MT.—conducted public education programs at senior centers, hospitals, assisted-living facilities, libraries, and other public venues. They answered questions via telephone and in face-to-face sessions. And they spent countless hours helping Medicare beneficiaries choose and enroll in a drug plan that best meets their needs.

These folks deserve our thanks. They are truly unsung heroes who have helped make the drug benefit a reality for millions of people with Medicare.

And they did all this on a shoe-string budget.

The Centers for Medicare and Medicaid Services, CMS, operates the Medicare Program. As such, CMS is responsible for providing funding to the SHIP. But last year, in the midst of the largest Medicare expansion ever, CMS provided SHIPs just $32 million to carry out their important work. Thirty-two million dollars sounds like a lot of money. But when you think about the workload the SHIPs faced, it is not much. In fact, that $32 million translates to only 70 cents per Medicare beneficiary. A five-county region in Montana about the size of Delaware received about $8,500 in SHIP funds for the entire year. That is not enough. I believe that the lack of sufficient resources for SHIPs goes a long way toward explaining why enrollment in the drug program continues to lag.

I might also note that the $32 million CMS provided to SHIPs pales in comparison to the roughly $300 million CMS spent promoting the new drug benefit. That $300 million went to programs like the toll-free 1–800 Medicare hotline.

Last week the nonpartisan Government Accountability Office, GAO, Congress's investigative arm—found major flaws with the Medicare hotline. GAO found that the Medicare hotline failed to give seniors correct information on one key question—which plan offered the lowest costs for individuals taking a given set of drugs—almost 60 percent of the time.

And what about some of the other funding devoted to promoting the drug benefit? CMS spent some of the funds on a bus tour. In 2003 CMS spent $600,000 to promote Medicare with a blimp at football games. And other funding went to Ketchum Communications, which produced simulated news reports on the drug program. In 2004, the GAO found that these videos violated the government ban on publicity and propaganda.

We can do better. We can promote the drug benefit in more cost-effective ways by appropriately funding SHIPs. Recent findings from the Medicare Payment Advisory Commission underscore this assertion. A recent study by MedPAC suggests that only 1 in 5 people used the Medicare hotline and only 1 in 10 used the Medicare Web site to make decisions about their Medicare drug coverage.

And even though this year's enrollment deadline is almost upon us, the hard work is not over. Enrollment in the Medicare drug benefit is still too low in many States. In Montana, 40 percent of people with Medicare still don't have any form of drug coverage. A study released yesterday by Families USA estimates that most people who haven't signed up have low income and would qualify for the extra help that Congress included in the drug benefit.

We need to increase SHIP funding to help meet challenges that lie ahead. My amendment would provide $25 million for States to expand their SHIP activities. Funds also would be available for innovative programs in States where Medicare drug coverage is low. And funds would be available to CMS to promote the existence and services of SHIPs.

As the new program evolves, many people with Medicare and their families will have even greater need for a reliable source of impartial advice. And more needs to be done to help low-income people enroll. Many of us voted for the drug benefit because we believed it would help people who need help the most. Let's make that happen in every community in every State. Let's devote resources to a program that works. Let's help thousands of volunteers help our seniors. Let's increase vital resources for the State Health Insurance Assistance Program.

Ms. MIKULSKI. Mr. President, I rise today to support America's small businesses. I know how important small businesses are to the health of the economy and to the communities that

they serve. I know that small businesses are struggling to provide health care for their workers. We should move to offer small businesses reasonable solutions. I commend Senator ENZI for tackling such a tough issue, but this bill would ultimately end up increasing the cost of health care coverage for those that need it most.

We need to be talking about improving health care for all Americans at any age and making the care more affordable for patients, as well as employers. American families are feeling stressed and strained, facing the ballooning cost of health care. Health care coverage is one of the most important issues facing Americans who are worried they will lose coverage, and won't be able to afford the care they need.

It is true having health insurance is crucial but it cannot be just any health care packet; it must be a comprehensive packet. One of the big problems with Senator ENZI's bill is allowing insurance companies, instead of State-elected legislators who speak for their constituents, decide the benefits that consumers should have when they purchase health care.

The benefits I am most concerned about protecting are preventive services. There is a reason that so many of these benefits mandated by States are preventive service—they wouldn't have been included otherwise. There is a reason Maryland guarantees access to mammography—insurers were not covering it. There is a reason that diabetic equipment and supplies are a guaranteed benefit—beneficiaries were complaining that they couldn't get the supplies covered.

Imagine being diagnosed with diabetes—there are in fact 21 million Americans who have received just this diagnosis. Then imagine being told you must carefully check your blood sugar to keep your disease in control—but your insurance company won't pay for this? The American Diabetes Association estimates that it costs $13,243 for every patient to manage their disease. This is what health insurance is for. Most States have recognized the importance of guaranteeing coverage for diabetes supplies and education and have passed laws that provide this coverage to residents in State-regulated health plans. We must not undo what these States have identified as important covered services.

And what about mammograms? Breast cancer is the most common cancer among women, accounting for nearly one of every three cancers diagnosed in the United States. Over 40,000 deaths from breast cancer are anticipated this year alone. Screening and early detection are critical for decreasing the mortality rates of breast cancer. Our reduction in cancer mortality depends on the increased use of mammography screenings for early detection of this disease.

I have worked hard in Congress to ensure women have access to quality mammogram care. I authored the Mammography Quality Standards Act, MQSA, over 10 years ago. This improved the quality of mammograms by setting federal safety and quality standards for mammography facilities. This includes personnel, equipment and operating procedures. Before MQSA became law, there was a patchwork of standards for mammography in this country. Radiation levels used on patients varied widely, equipment was shoddy, and physicians often didn't have proper training. I went to work in Congress to set national standards, helping to make mammograms a more safe and reliable tool for detecting breast cancer.

My own State of Maryland is one of the many States that mandates insurers provide mammography screening. We know this saves lives. Maryland also mandates insurers provide coverage for breast cancer patients who participate in clinical trials, so we can work toward a cure for breast cancer.

Covering services that prevent health conditions is not only sound health policy, it is sound fiscal policy. By finding and treating diseases early we will save the U.S. taxpayers millions of dollars. In fact, it is the only real way to really decrease the cost of health care in this country.

Knowing how important health insurance coverage is for small businesses, I have joined 26 of my Senate colleagues to support the Small Employers Health Benefits Program, SEHBP, which gives small businesses affordable choices among private health insurance plans and expands access to health care coverage for their employees. The SEHBP would allow small businesses across America to band together for lower health care prices by pooling their purchasing power and spreading their risk over a large number of participants. Employers would qualify for an annual tax credit to partially offset contributions on behalf of low-income employees.

I came to the Senate to change lives and save lives. We need to guarantee that more Americans have access to services that prevent and treat chronic illness. Unfortunately, S. 1955 will not do this and in fact this bill will compromise the coverage people already have. I will continue to work toward a solution for affordable health care for patients and employers. I will fight to make a difference. Together, we can change lives.

The PRESIDING OFFICER. Who yields time?

Mr. ENZI. I reserve the remainder of the time.

Mr. KENNEDY. Mr. President, I believe we have 10 minutes. I yield 5 minutes to the Senator from Connecticut and I will yield myself the remaining time.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, I thank my colleague from Massachusetts and very quickly say to our good friend from Wyoming as well, I appreciate his interest in the subject matter and his concern about it. I want to point out to our colleagues why I am terribly disappointed with the procedures we have been confronted with this evening dealing with this legislation.

In committee we spent quite a bit of time and had some rather close votes, tie votes on a number of amendments that were not adopted to the underlying bill.

I raise two issues here in the very short time we have remaining. First is the process itself. This is the Senate. This Chamber historically is the place where debate occurs. To have a process here this evening on an issue where we have dedicated the entire week to health care and then to basically lock out any amendments that might be offered to this proposal runs contrary to the very essence of this body.

Whether or not you are impressed with the substance of this bill, if you believe the Senate ought to be heard on a variety of issues relating to the subject matter—when the amendment tree has been entirely filled, then obviously we are dealing with a process that ought not to be. Even if you are supportive of the bill, it seems to me the Senate ought to be a place where we can offer amendments, have healthy debate over a reasonable time, and then come to closure on the subject matter.

I am terribly disappointed. I know there are relevant issues and irrelevant issues. Members wanted to talk about things such as extending the time on the Medicare proposal. It is going to expire on May 15. That is not an unreasonable proposal, in a Health Care Week, when you are debating these subject matters. My colleagues wanted to talk about prescription drugs, to spend an hour or two out of the entire week to debate whether we ought to have a different proposal regarding prescription drugs. I don't think that is asking too much of this body, for one small debate about an issue that is so important to people. Even amendments designed to help small business would have been prohibited from being offered here as a result of this process. I am terribly disappointed that we are not going to have a chance to talk about this bill in a broader context where Members could bring their ideas to the debate.

The second issue deals with the substance itself. My colleagues ought to take note. The key word here is preempts, because this bill preempts our States—each and every one of us—from having the kind of health care benefits that have been debated and discussed and adopted by our respective States. We each have unique problems. I mentioned earlier this week in this debate, Lyme disease is a huge issue in my State. It originated and was discovered in the town of Lyme, CT. I live 2 miles away from Lyme, CT. People in my State are deeply worried about that issue. So the State of Connecticut in its wisdom adopted as part of its health

care plan a requirement that insurance cover Lyme disease.

I recognize that may not be an issue in the State of some other Member. But we ought to allow Connecticut and every other of the 49 States to decide how they can best serve their constituents, their people, when it comes to health care coverage. This bill preempts my State from deciding whether they can cover certain problems that are unique to my part of the country.

And second, of course, we preempt the States when it comes to setting any kind of rating rules. That is a critical issue because even if you have a comprehensive plan, if you allow the industry to price those products way beyond the reach of the average person, then de facto they are eliminated. So we preempt them on what they can cover and we preempt the States from determining what the prices ought to be for the insurance products that will be sold.

I point out to my colleagues, not a single Governor has supported this bill. Not a single attorney general, not a single insurance commissioner. Over 200 health care organizations have said this bill is flawed and it ought not to be approved.

We are urging our colleagues to reject this proposal. Listen, if you will, to what a business organization in my State had to say about this bill. The Connecticut Business and Industry Association represents 5,000 small businesses in the State of Connecticut. They said:

> We believe that in Connecticut federally certified AHPs would destabilize the small business insurance marketplace, erode carefully crafted consumer protections and raise premium rates for small businesses with older workforces and those that employ people with chronic illnesses or disabilities.

That is a business organization representing 5,000 small employers. This is not an organization that says those words lightly.

For those reasons, for process and procedure, as well as preempting state benefits and rating rules, this bill ought to be rejected. I urge my colleagues to do so.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I understand we have 5 minutes. Will the Chair let me know when I have 30 seconds remaining, please.

I want to pay tribute to my two colleagues who are in support of this, Senator ENZI and Senator NELSON. Senator ENZI and I, and Democrats on our committee and Republicans alike, have worked very long and hard on a whole range of different issues.

We have made important progress. We are going to continue to do so, but we take exception on this issue.

I commend the staff as well for all of their good work and help and assistance.

Senator NELSON, who has been enormously concerned about the problems of small business, has talked about this issue with me and, I know, with other Members here on different occasions. He was such a strong voice when we were considering the Patients Bill of Rights legislation. I always enjoy working with him, although we have a different position on this issue.

We are in the last few minutes of this debate and discussion. In these last few minutes, I want to join with those who have expressed a certain amount of frustration in being unable to address maybe a handful of different health care issues that I find are of concern to the people of my State. In traveling around the country, people are concerned about the prescription drug program. They are concerned about the high cost of prescription drugs. They are concerned about the problems small business has. But we do not believe the proposed solution that has been advanced by Senators ENZI and NELSON is really the best way. We have had a brief debate over this proposal and over an alternative way that we think would be more comprehensive, more realistic, and more expansive than reaching the 1 percent or 2 percent of those who are uninsured and who, according to the Congressional Budget Office, will be covered under the Enzi proposal.

The reasons the insurance commissioners have serious reservations, the reasons the Governors and the attorneys general have taken exception to this legislation, are very important and have been stated again and again; first is this bill's effective preemption of a number of the very important benefits that my State of Massachusetts and a great number of the States in this country have been willing to write into law, to provide protections for their citizens. These protections are in the area of cancer, in the area of cancer screening, in the area of mental health, in the area of diabetes, and well-baby care. State laws have effectively been preempted. The people of my State will no longer be assured of those kinds of protections, if this legislation passes.

The second point, which has been raised again and again, is the question of raising premiums. In the legislation we refer to this as rating. In the initial Enzi proposal, it would have been possible to have a 25-fold variation in the cost of insurance premiums—from $100 to $2,500—based upon your age, your past health history, or that of your family. We know what would happen.

When you allow such variation, you are denying people an effective health insurance program. That is what Blue Cross-Blue Shield says in Massachusetts, my own State. They basically say that younger people will be able to have insurance, but the older people and families who have had health care challenges will be knocked off, unable to afford it.

What will happen? These people will go to the public health clinics, with the State having to pick up the cost. That is what Blue Cross-Blue Shield in my State says. This proposal is a shifting of the cost.

In this very excellent letter, which I will ask to have printed in the RECORD, Blue Cross-Blue Shield in my State has been ranked among the top five plans in the Nation by U.S. News & World Report.

In this letter, Blue Cross-Blue Shield warns us about preempting the State regulations of rating and benefit requirements. They say do not do this. It will have a bad effect on our seniors. It will increase the number of uninsured and transfer the costs back to the public. The taxpayers will pick it up.

We believe Blue Cross-Blue Shield and the other organizations that have been identified are correct. This bill should not pass at this time. We are prepared to work with the Senators from Wyoming and Nebraska to try to deal with these health care challenges.

I ask unanimous consent to have the aforementioned letter printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

BLUE CROSS BLUE SHIELD
OF MASSACHUSETTS,
May 10, 2006.

Hon. EDWARD M. KENNEDY,
Russell Senate Office Building,
Washington, DC.

DEAR SENATOR KENNEDY: On behalf of Blue Cross Blue Shield of Massachusetts, I am writing to express our opposition to S. 1955 (''the Health Insurance Marketplace Modernization Act''). The legislation being considered by the United States Senate will completely undermine the historic health care achievements made by Massachusetts for which you played a critical role.

At Blue Cross Blue Shield of Massachusetts, we are committed to providing access to affordable, quality health care to the citizens of Massachusetts. With over 2.9 million members, we are proud to be ranked among the top five health plans in the nation by U.S. News & World Report and the National Committee for Quality Assurance.

As you know, S. 1955 preempts state regulations as to rating and benefit requirements. In so doing, it seriously destabilizes the small group market nationally and critically disrupts states, like Massachusetts, that utilize community rating. Under Enzi, medical underwriting is permitted as are premium surcharges based on age, gender, geography and group size. In Massachusetts, older and sicker individuals will face increased premiums, as will the self-employed and smaller businesses.

Despite its intended goal, the Enzi legislation will actually lead to a rise in the uninsured in Massachusetts as older, sicker workers lose coverage. According to a recent study by the Lewin Group, there will be an increase of over 37,000 uninsured in Massachusetts with an associated rise in uncompensated care costs of over $8 million. Needless to say, this places a further strain on our health centers, community hospitals, urban medical centers as they see increased uninsured and unhealthy individuals.

The Enzi legislation takes a completely different tact to increasing access to affordable insurance than the Massachusetts health reform bill. The Massachusetts approach seeks to pool risk and optimize coverage to benefit the community. S. 1955 would lower costs for individual groups by

basing their rate on their own particular risk and minimizing coverage. The Enzi approach may serve to increase access to young and healthy small groups but does so at the expense of older and sicker populations. From a philosophical and practical standpoint, the two approaches cannot coexist.

The impossible dream, to which you so eloquently spoke, of quality health care that will truly be available and affordable for each and every man, woman, and child in our state, will become just that—impossible—if S. 1955 is allowed to pass.

We thank you for your ongoing efforts for our shared goals of ensuring access to affordable, quality health care to the citizens of the nation and our state of Massachusetts and urge you to continue to vigorously oppose S. 1955 so that it fails in the Senate.

As always, please do not hesitate to contact me.

Sincerely,

CLEVE L. KILLINGSWORTH.

The PRESIDING OFFICER (Mr. CORNYN). The Senator from Wyoming.

Mr. ENZI. Mr. President, actions speak louder than words. People are going to have a chance in a little while to show some action for small business. Once in a while there is a moment when you have a chance to make a difference.

Today, most of the Democrats appear to be willing to sacrifice that moment to make a statement. They are saying we cannot give small business anything until we have votes on stem cells, until we have votes on prescription drugs, until we have votes on drug importation, and to heck with the small businesses. What kind of an attitude is that?

The Democrats' argument is: We are going to deny small business anything until we get them everything. Of course, they are promising everything in their bill.

Let us get this clear. The Democrats care so much about families employed by small business that they are willing to keep them from having any insurance until they find a way to provide everything they think they need. Spare me the care. We have a lot of smokescreens. One of the smokescreens is the process did not allow them to have votes.

I asked unanimous consent a little while ago, and I said I will guarantee you a vote on Durbin-Lincoln. I will guarantee you debate on Durbin-Lincoln. I will let that happen right after cloture.

The reason that has to happen is because of the process of the Senate; otherwise, they only get a vote and they still block me from getting a vote on this bill that has been worked out with the insurance companies, with the insurance commissioners, and with the associations.

That is a smokescreen. There is going to be a vote on whether we care to debate some more on small business. There can be amendments after cloture. Amendments will allow you to cover everything that has been mentioned over here, whether it is ratings or whether it is mandates.

Let me tell you that mandates is another smokescreen. Where this has been done inside States, the companies that had the right not to have mandates, it covers the ones that you mentioned. This is about being able to have enough opportunity to expand across State lines where there are 1,800 different mandates. You have to be able to get them together so that small businesses can go together across State lines and gather a big enough pool to effectively negotiate against insurance companies.

Yes, there are some insurance companies that are writing letters saying: Do not let them do this. There is a profit motive. I can't blame them for that. But what the small businesspeople are really asking for on that is the same thing that big businesses have. We already excluded big business from all of the mandates and the oversight by States. We are not going that far.

We even have some provisions in there, and I am sure with some amendments there would be some mandates in there. Here is where the savings come in for these small businesses. I am extremely excited about this.

The cost for administration for a small business policy is about 35 percent. If you check with Wal-Mart, which is excluded from everything and gets to have their own plan, their cost of administration is 8 percent. The savings are in the administration. That is 27 percent which they save.

For every 1 percent of savings, insurance brings in 200,000 to 300,000 people into the market.

There are 27 million uninsured small businesspeople and employees out there. They are like families.

I was talking to Senator HARKIN. He was telling me about a small businessman he knows. These small businesses are kind of interesting. They go to church with the same people who work for them. They go to watch baseball with the same people who work for them. Their kids are in the same little league. They go to the same organizations. And this small businessman said: I have to tell them that I can't afford the insurance anymore. And I still want to live with them. I want my family to have insurance, but that is not going to happen.

This is an opportunity to make a difference, to offer amendments to perfect the bill in whatever way the majority of people think needs to be done. Anything else is a smokescreen.

I gave them an opportunity to vote on Durbin-Lincoln. I gave them an opportunity to vote on this, but it was an assurance that we would get to vote on both, so small business would get a vote. There is going to be a vote on small business.

There are hundreds of people around the Capitol right now who are with small business who are saying: We need the opportunity to have a better health care plan. Some of them will get insurance for the first time; some will get a better health insurance plan.

As an accountant, I have to remind you that this is not a case of subtraction. This insurance plan is an addition. We are bringing in newly insured people. Anybody who votes against cloture needs to go to their dry cleaners tonight to pick up their laundry and look that person in the eye and say: I do not think you deserve health insurance because you might not demand enough for yourself. So you know what? I saved you from yourself. Can you say that to the mom and pop running the business down the street from your home? Can you say that they do not deserve health insurance? As you go home today after you leave the Hill, think about the people around you, the regular people—the cab driver, the worker at the dry cleaners, the person in the neighborhood restaurant, all of those people you may not notice who really make the world operate. Many of them do not have any insurance. Some may even own that little restaurant around the corner and still not be able to afford the insurance. I am not talking about deluxe insurance; I am talking about any insurance.

So please overlook the smokescreen and vote to have some more debate and amendments and a vote on a small business health plan.

I yield the floor and yield the remainder of my time.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, the clerk will report the motion to invoke cloture on the pending modified substitute amendment to Calendar No. 417, S. 1955, Health Insurance Marketplace Modernization and Affordability Act of 2005.

The legislative clerk read as follows:

CLOTURE MOTION

We the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the pending modified substitute amendment to Calendar No. 417, S. 1955, Health Insurance Marketplace Modernization and Affordability Act of 2006.

Bill Frist, Johnny Isakson, Sam Brownback, John Thune, Thad Cochran, Wayne Allard, John Ensign, Richard Shelby, Larry Craig, Ted Stevens, John McCain, Lamar Alexander, Norm Coleman, Judd Gregg, John E. Sununu, Pat Roberts, Craig Thomas.

The PRESIDING OFFICER. By unanimous consent the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the modified substitute amendment to Calendar No. 417, S. 1955, the Health Insurance Marketplace Modernization and Affordability Act of 2005 shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. MCCONNELL. The following Senator was necessarily absent: the Senator from Pennsylvania (Mr. SPECTER).

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. ROCKEFELLER) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 55, nays 43, as follows:

[Rollcall Vote No. 119 Leg.]

YEAS—55

Alexander	Dole	McConnell
Allard	Domenici	Murkowski
Allen	Ensign	Nelson (NE)
Bennett	Enzi	Roberts
Bond	Frist	Santorum
Brownback	Graham	Sessions
Bunning	Grassley	Shelby
Burns	Gregg	Smith
Burr	Hagel	Snowe
Chambliss	Hatch	Stevens
Coburn	Hutchison	Sununu
Cochran	Inhofe	Talent
Coleman	Isakson	Thomas
Collins	Kyl	Thune
Cornyn	Landrieu	Vitter
Craig	Lott	Voinovich
Crapo	Lugar	Warner
DeMint	Martinez	
DeWine	McCain	

NAYS—43

Akaka	Durbin	Menendez
Baucus	Feingold	Mikulski
Bayh	Feinstein	Murray
Biden	Harkin	Nelson (FL)
Bingaman	Inouye	Obama
Boxer	Jeffords	Pryor
Byrd	Johnson	Reed
Cantwell	Kennedy	Reid
Carper	Kerry	Salazar
Chafee	Kohl	Sarbanes
Clinton	Lautenberg	Schumer
Conrad	Leahy	Stabenow
Dayton	Levin	Wyden
Dodd	Lieberman	
Dorgan	Lincoln	

NOT VOTING—2

Rockefeller	Specter

The PRESIDING OFFICER. On this vote, the yeas are 55, the nays are 43. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

Mr. MCCONNELL. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that there now be a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. AKAKA addressed the Chair.

The PRESIDING OFFICER. The Senator from Hawaii.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I thank the Senator from Hawaii for his kindness.

I want to thank everybody who has been involved in the debate on small business over the last several days. I thank Senator NELSON for the hours he and his staff put in working with me on this bill, along with Senator BURNS and his staff. I have said several times that our staffs worked in the same room with the same people from the different coalitions, including the insurance companies and the insurance commissioners, for so long that I thought some of them must be related. I really wasn't sure which ones were from whose staff anymore, either, because they were all working this important issue together. Obviously, we have some more work to do, but I am pleased with the vote we got.

I am disappointed that we didn't get the 60 and couldn't continue the debate right now, that we couldn't have amendments right now and for the next several days, resulting in a vote-arama that would have put the best possible face on it that we could from the Senate. I talked to Senator KENNEDY before and promised I would preconference it with the House before we did anything because this is a very critical bill. But this is the first time the Senate has gotten it to a cloture vote. We will only get it to cloture by working with people and getting some agreement. I am hoping we can bring this back up yet this year. I know there are small businesses that are going to be asking, pleading, begging that it be brought up again this year. Perhaps we can work some changes in the meantime that might make a difference and get us over that 60-vote margin. It is a little tougher in the Senate to pass than in the House because they only have to have a mere majority. We have to have that 60 percent which is a little bit tougher.

Senator KENNEDY and I have worked together on a lot of bills. I appreciate the courtesy he gave in committee. We had 68 amendments. We finished the work in two half days. That is probably a record around here for any committee which does show some cooperation. I am just sorry we didn't get to do the amendments like we did in committee, probably many of the same ones we had in committee. I guess my strategy was that those votes might put it over the top here and bring a few people in. I didn't know there would be such strong resentment built up by this time.

Of course, I am extremely disappointed with the cancer society and the diabetes society because I have never seen a letter that said, I don't care what you do, vote against this bill. That means if we had done the Cadillac of diabetes care and put it in the bill, they were still suggesting that people vote against it. That is unconscionable on behalf of the people that have diabetes or the people who have cancer. Both letters said the same thing. It was truly a disappointment to me.

I know some opposition was built for this bill. The insurance companies said they would be neutral. I noticed there was a little unneutrality there. But the small businessmen will be coming to town. They will be talking to people and expecting us to do something. I hope we can continue to do so.

There are a whole list of people I need to thank, but I will defer for the moment for some others to speak and come back and do that later.

I appreciate the fact that we were able to have a cloture vote.

The PRESIDING OFFICER (Mr. MARTINEZ). The Senator from Massachusetts.

Mr. KENNEDY. Mr. President, I see the principal cosponsor on his feet. If he might indulge me for a moment, I want to give assurance to the small businesses and families of this country, we are not going away. We are all very strongly committed to getting decent, quality health care for all Americans. Today, we avoided taking a step backward. But we have heard the very eloquent statement of the Senator, my friend from Wyoming, who said he believes we missed an important opportunity to step forward. What I hope Americans will understand is that we have worked very closely together. We are committed to working closely together. We are going to try to find common ground in this area.

I again thank Senator ENZI for his leadership on health issues. I look forward to trying to find common ground on health care and other areas. I am grateful to him for all his courtesies.

The PRESIDING OFFICER. The Senator from Nebraska.

Mr. NELSON of Nebraska. Mr. President, I thank the distinguished cochair of the committee for his courtesies.

Naturally, I am disappointed with the outcome of the vote. Instead of thinking of it as a setback, I want to think of it as a step forward, because it is the first time since I came to the Senate that we have had a serious debate about the accessability and affordability of health care for small businesses.

I thank Senator ENZI for his great work. It has been a pleasure working directly with him. Not only is he tireless, he certainly is willing to listen to other people and has shown a great capacity to listen and to act on good advice. I thank him for that. He was able to bring together groups that had been on opposing sides for years. Through his leadership, this bill was brought to the floor.

I also thank his staff. I appreciate all the assistance they have given me as we have developed this legislation. They are true professionals: Steve Northrup and Andrew Patzman have devoted hours to researching and drafting the legislation and have so diligently reached out to my side of the aisle for suggestions, I now think of them as my satellite staff.

I also thank Katherine McGuire, who has been instrumental in guiding us through this process, and Brittany Moore, who has coordinated all of our information.

Particularly, I thank Senator KENNEDY for his gracious and agreeable manner in disagreeing on the substance of an issue. It is typical of his approach to the Senate. Especially I thank his staff: David Bowen, Stacey Sachs, and Brian Hickey from the Democratic Policy Committee. They have kept us on our toes.